PTO/SB/17 (10-07)
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| Effective on 12/09/7/ | Complete if Known | | | | | | |
|---|----------------------|--------------------------|---------------|--------------------------|----------------------|-------------|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL | | Application Number 1 | | 10/563,610-Conf. #3418 | | | |
| | | Filing Date September 12 | | 2006 | | | |
| For FY 2008 | | First Named Inver | ntor E | Eero ESKELINEN | | | |
| FOFF1 20 | Examiner Name | Α | A. Y. Bromell | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit 2169 | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,050.00 Attorney Docket No. 0 | | | | 365-0663PUS | §1 | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | |
| X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | |
| Charge any additional fee(s) or underpayments of Ee(s) under 37 CFR 1.16 and 1.17 | | | | | | | |
| FEE CALCULATION . | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| FIL | | | EXAMIN | ATION FEES | | | |
| Application Type Fee (\$) | Small Entity Fee (\$ | Small Entity) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Pa | id (\$) | |
| Utility 310 | 155 510 | 255 | 210 | 105 | | | |
| Design 210 | 105 100 | 50 | 130 | 65 | | | |
| Plant 210 | 105 310 | 155 | 160 | 80 | | | |
| Reissue 310 | 155 510 | 255 | 620 | 310 | | | |
| Provisional 210 | 105 0 | . 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES | • | | | | <u>S</u> Fee (\$) | mall Entity | |
| Fee Description | | | | | | Fee (\$) | |
| Each claim over 20 (including Reissues) | | | | | 50 | 25 | |
| | | | | | | 105 | |
| Multiple dependent claims 370 185 Total Claims Fatra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims | | | | | | | |
| Total Claims 31 - Extra Claims | Fee (\$) Fee I | | | ee (\$) Fee Paid (\$) | | | |
| HP = highest number of total claims paid for, | f greater than 20. | | 1.00 | रंका . | CO.1 BIG 197 | . [| |
| Indep. Claims Extra Claims | | Paid (\$) | | | | | |
| 3 .= × | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 | | | | | | | |
| sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Fatra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) | | | | | <u>ree r</u> | aid (4) | |
| - 100 = /50 = (round up to a whose number) x 4. OTHER FEE(S) | | | | | Fees P | aid (S) | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00 | | | | | | 0.00 | |
| SUBMITTED BY A A A A A A A A A A A A A A A A A A | | | | | | | |
| Signature (Attorney/Agent) 29,680 | | | | Telephone | (703) 205-8000 | | |
| Name (PrinuType) Michael K. Mutter WILLIAM TO LONG | | | | Date | July 28, 2008 | | |